

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214515623				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Nonprofit Roundtable of Greater Washington, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MELISSA BONDI 2624 CLARENDON BLVD ARLINGTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1852773</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1201 15TH ST., NW SUITE 420</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20005</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Diana Leon-Taylor TITLE: PRESIDENT ADDRESS: 1201 15TH ST. NW SUITE 420 CITY/ST/ZIP/CO: WASHINGTON, DC 20005 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 25%;"></td> </tr> </table>			NAME: Diana Leon-Taylor TITLE: PRESIDENT ADDRESS: 1201 15TH ST. NW SUITE 420 CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME:	LUISA MONTERO-DIAZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1419 COLUMBIA ROAD NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20009		
NAME:	MARGARET O'BRYON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1400 16TH ST NW, #710		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		
NAME:	THOMAS RAFFA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1899 L STREET NW		
CITY/ST/ZIP/CO:	SUITE 900 WASHINGTON, DC 20036		
NAME:	WALTER SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 14TH ST. NW		
CITY/ST/ZIP/CO:	SUITE 510 WASHINGTON, DC 20005		
NAME:	TAMARA SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2302 14TH STREET NW		
CITY/ST/ZIP/CO:	SUITE 100 WASHINGTON, DC 20009		
NAME:	LIDIA SOTO-HARMON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 CONNECTICUT AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20008		
NAME:	SHANNON STEENE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8305 RICHMOND HWY		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	HERBERT TILLERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1805 7TH ST NW, SUITE 500		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003		
NAME:	CHAD WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1400 DOEWOOD LANE		
CITY/ST/ZIP/CO:	CAPITOL HEIGHTS, MD 20743		
NAME:	CLIFF YEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 15TH STREET NW		
CITY/ST/ZIP/CO:	SUITE 420 WASHINGTON, DC 20005		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Debbi Jarvis DIRECTOR 701 9th ST. NW Washington, DC 20068	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Diana Leon-Taylor	Diana Leon-Taylor, PRESIDENT	3/25/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			